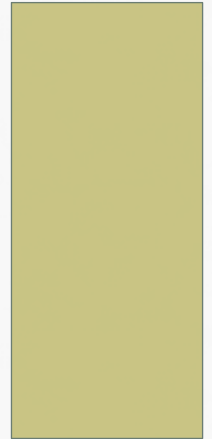


FOOD SALES SUBMISSION TECHNICAL ASSISTANCE TRAINING

GEORGIA WIC



PURPOSE

To provide technical assistance for the correct preparation of food sales assessment documentation

TRAINING OUTLINE

- Correct preparation of self-reporting documents (e.g. GWVF 1, 2 and 3)
- Proper retrieval of the Sales and Use Tax (ST-3) forms from the Georgia Department of Revenue for designated reporting period
- Submission process for self-reporting and ST-3 documents to Georgia WIC
- Provide information regarding upcoming changes to the reporting process

PREPARATION OF SELF-REPORTING DOCUMENTS

GWVF-1 Georgia WIC Vendor's Food Sales Report

- Requires three (3) months of food sales information
- Self-reported calculations should equal **total sales** inclusive of exempt and non-exempt sales
- Total eligible food sales should equal total exempt food sales unless the following are sold:
 - Gasoline
 - Georgia Lottery Tickets
 - Vitamins and/or dietary supplements

Georgia WIC Vendor's Food Sales Report (GWVF-1)

Vendor Name	Vendor Number
-------------	---------------

Please provide the Requested Information and Documents for EACH appropriate month.

Note: Your self-reported figures on this form should match the figures reflected in your Georgia DOR ST-3 filing report.

Month & Year	Total Sales	Total State Exempt	Total State Non-Exempt	Total Eligible Food Sales	Total Gasoline Sales
	Gross Sales	Non-Taxable Sales	Taxable Sales	Including WIC/SNAP Sales	If Applicable

_____ Signature of Store Authorized Representative	_____ Date of Signature
---	----------------------------

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PREPARATION OF SELF-REPORTING DOCUMENTS

GWVF-2 GA WIC Questionnaire Form

Georgia WIC Vendor Questionnaire (GWVF-2)

Vendor Name	Vendor Number

1. Does this store sell the Georgia lottery? ☐ Yes ☐ No
2. Does this store sell Gasoline? ☐ Yes ☐ No
3. Does this store sell any tax-exempt non-food items or tax-exempt non-WIC/SNAP eligible food items? ☐ Yes ☐ No

If so, please list all items along with the total sales data for each in the table below.

- Refer to <https://etax.dor.ga.gov/salestax/index.aspx> and click on the link [2014 List of Sales and Use Tax and Exemptions](#) for a complete list.

Item(s)	Total Sales
	\$
	\$
	\$

4. Please list the items this store carries for sale other than WIC/SNAP eligible items (i.e. paper products, clothing, prepared/hot foods, etc.).

1.		5.	
2.		6.	
3.		7.	
4.		8.	

Signature of Store Authorized Representative

Date of Signature

Georgia Department of Public Health | We Protect Lives.

Complete all fields accurately and truthfully, including:

- Vendor Name
- Vendor Number
- Complete questions 1-4
- Sign and date

PREPARATION OF SELF-REPORTING DOCUMENTS

GWVF-3 VERIFICATION Form

Complete all fields accurately and truthfully, including:

- Vendor Name
- Vendor Number
- Signature
- Supporting documentation (if applicable)
- Complete Notary Public section

Georgia WIC Vendor Verification (GWVF-3)

Vendor Name	Vendor Number

PERSONALLY APPEARED before me, the undersigned officer duly authorized to administer oaths,
PRINT Name of Store Authorized Representative, who, after first being duly sworn, states on oath the following:

I swear and affirm under penalty of perjury that the information and documents submitted are true and correct. I have completed the documents based on facts that were in my personal knowledge, and calculated by examining the business and financial records of the above-referenced WIC Vendor. The facts contained herein are true, correct, and complete to the best of my knowledge. If I subsequently discover that the facts herein have changed, or I need to amend any of my tax documents, I understand that I am under the affirmative obligation to update my tax documents with the Georgia Department of Revenue prior to the deadline to submit the enclosed forms (GWVF-1, GWVF-2, GWVF-3, and DOR ST-3) to the Georgia WIC Program. I understand that failure to provide the requested information timely will result in termination of my Vendor Agreement with Georgia WIC.

I further understand that the information provided may be verified with other governmental agencies and must be supported by tax forms and other business and sales documentation correspondent to the requested months that will sufficiently establish total eligible food sales, non-exempt sales, SNAP and WIC sales, and/or gross sales.

I acknowledge that this statement is given under oath, under penalty of perjury and punishable by criminal prosecution for false swearing. I also swear that below is the list of documents used to calculate and verify the figures reported. (If necessary, additional forms attached):

Supporting Documentation	
1. _____	3. _____
2. _____	4. _____

Dated this ____ day of _____, 2014

Address: _____ Signature of Store Authorized Representative _____

Phone: (____) _____ Printed Name of Store Representative _____

Sworn to and subscribed before me this ____ day of _____, 2014.

NOTARY PUBLIC
My Commission Expires: _____ [NOTARY SEAL]

Georgia Department of Public Health | We Protect Lives.

****Once self-reporting documents are complete, proceed to ST-3 retrieval**

RETRIEVING ST-3 FORMS

Visit the Georgia Department of Revenue - **Georgia Tax Center** website <https://gtc.dor.ga.gov/#1>

STEP 1- Log-in using username and password provided by the Georgia Department of Revenue

STEP 2- Click on account number

STEP 3- Click on the word **REQUEST**

STEP 4- Print ST-3 forms (ensure confirmation number is located in the upper right corner)

The screenshot shows the Georgia Tax Center (GTC) website. At the top, it says "Welcome to georgia tax center" with a small Georgia state seal. Below this, there's a navigation bar with links: "Georgia Department of Revenue", "Instructions/Videos", "Frequently Asked Questions", and "GA Trucking Portal". The main content area is divided into two columns: "FOR BUSINESSES" and "FOR INDIVIDUALS". The "FOR BUSINESSES" column lists: "Register a new GA business", "Make a quick payment", "Protest a proposed assessment", "Appeal to the GA Tax Tribunal", "Request a waiver of penalty", "Submit documentation", and "Exempt Wine Permit for Churches". The "FOR INDIVIDUALS" column lists: "Where's my refund?", "Make a quick payment", "Protest a proposed assessment", "Appeal to the GA Tax Tribunal", "Request a waiver of penalty", "Submit documentation", and "Receive 1099G electronically". On the right side, there's a "LOGIN FOR FULL ACCESS" section with a "What can I do inside GTC?" dropdown, a "Username" field, a "Password" field with a "Forgot your password?" link, an "Authorization Code" field, and "Login" and "Sign up" buttons. There's also a "Find an existing request" button at the bottom.

NOTE: Corporate vendors must provide an itemized spreadsheet separating total state sales, exempt sales, and taxable sales for **each WIC authorized store.**

****Once ST-3 documentation is retrieved, proceed to proper submission**

PROPER SUBMISSION TO GEORGIA WIC

- Mail all documents to the Georgia WIC Program using a traceable method (i.e. UPS, FedEx, etc). Please keep copies of all documents mailed.

Mail to:

**Georgia Department of Public Health
Georgia WIC Program
Office of Vendor Management
2 Peachtree Street, NW, 10th Floor
Atlanta, GA 30303**

UPCOMING CHANGES

Effective November 2014

Self-reporting form GWVF-1 will be accessible online through the shelf price survey website, State Electronic Notifiable Disease Surveillance System (SENDSS)

<https://sendss.state.ga.us/wicpricing>

FOOD SALES SELF-REPORTING SENDSS DEMO

Previously these paper forms were submitted for monthly food sale figures.

Georgia WIC Vendor's Food Sales Report (GWVF-1)

Vendor Name _____ Vendor Number _____

PERSONALLY APPEARED

PHYSICIAN NAME OF STORE AUTHORIZED REPRESENTATIVE _____

I swear and affirm under penalty of perjury that the information contained herein is true and correct. I understand that the affirmative obligation to submit the information to the Georgia Department of Public Health is mine and not the store's. I further understand that the information must be supported by requested months that sales, and/or gross sales.

I acknowledge that this report is for the purpose of the Georgia Department of Public Health and that the information reported is for the purpose of the Georgia Department of Public Health.

1. _____
2. _____
3. _____
4. _____

4. Please list (i.e. paper)

1. _____
2. _____
3. _____
4. _____

Item(s)

1. _____
2. _____

Dated this _____ day of _____

Address: _____

Phone: (_____) _____

Sworn to and subscribed

NOTARY PUBLIC
My Commission Expires _____

Signature of Store Authorized Representative _____ Date of Signature _____

Georgia Department of Public Health | We Protect Lives.

Currently an online electronic method of submitting monthly food sales figures will be used.

*Vendor's Monthly Food Sales(DOR ST-3):

Your self-reported figures on below should match the figures reflected in your Georgia DOR ST-3 filing report.

Month/Year	*Total Sales (Gross)	*Total State Exempt (Non-Taxable Sales)	*Total State Non-Exempt (Taxable Sales)	*Total Eligible Food Sales(Including WIC/SNAP Sales)	*Total Gasoline Sales (If Applicable)
Jun. 2014	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Jul. 2014	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Aug. 2014	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Non-Corporate Vendors



Georgia Department of Public Health
Women, Infants, and Children (WIC)



Vendor's Monthly Food Sales

Monthly Vendor's Food Sales

YrMth	Vendor	Gross Sales	Exempt	Non-Exempt	Eligible Food	Gasoline
-------	--------	-------------	--------	------------	---------------	----------

1. Enter all required fields. Incomplete information will not be saved.

2a. Click the "Add" button to add sales figures for each month to above the green line.

2b. Click the "Edit" above the green line to make change and click the "Update" button move the data above the green line.

3. Click the "Save Food Sales" button to save all sales information at once.

Vendor ID: 0166 Year/Month: 01/2014

Total Sales (Gross): \$ 0.00

States Exempt(Non-Taxable Sales): \$ 0.00

States Non-Exempt(Taxable Sales): \$ 0.00

Eligible Food Sales (including WIC/SNAP Sales): \$ 0.00

Gasoline Sales(If Applicable): \$ 0.00

PRIVACY ACT STATEMENT - The solicitation of the information requested for this shelf price survey is authorized by Title 7 of the Code of Federal Regulations, Part 246, Subpart E (7 CFR ? 246.12(g)(4)(ii)(B)), which governs the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). This information will be used to routinely monitor authorized vendors for compliance with Georgia WIC Program's policies and rules; for audit and enforcement of WIC Program regulations, policies and rules; and for program management. Failure to provide this information or the provision of false information may result in the termination of authorized vendors from the WIC Program.

Corporate Vendors

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

By pressing "SAVE", I hereby certify that all of the information that I have provided in this shelf price survey is true and accurate. As provided under Georgia law, O.C.G.A. ? 10-12-1 et. seq., I understand and acknowledge that an electronic signature will have the same legal effect and validity as a written signature.

Add

Cancel

Save Food Sales

Close Window

<https://sendss.state.ga.us/wicpricing>

FOOD SALES SELF-REPORTING SENDSS DEMO

Log in using the user
name and password
provided by Vendor
Management .



Georgia Division of Public Health WIC Food Pricing Survey Login

Welcome to the Georgia WIC Program electronic website for shelf price collection.

Please follow these instructions carefully:

1. Enter your vendor number in the Vendor ID field and the password that was previously mailed to you. If you are part of a chain, use the Chain ID that was assigned to you. When the survey page comes up, please be sure to enter your e-mail address and fax number.
2. Enter the most or least expensive price, using dollars and cents, of each item in the size and brand or type indicated. It is mandatory to enter a price for all items marked with an asterisk (*). If you do not stock or sell the product and it is not marked with an asterisk, you are not required to enter a price.
3. Upon completion, be sure to scroll to the bottom of the page and select SAVE. You will be asked to review your entries.
4. After reviewing your entries, click FINISH. You will be asked to SAVE or FINISH. Entries can be saved and completed later by clicking the SAVE button, or once you have entered all of your pricing information, click FINISH to finalize your survey.

Download Detailed Instructions: [PDF \(394k\)](#) [MS Word \(317k\)](#) Download Georgia Wic Approved Food List [PDF \(211k\)](#)

Vendor ID (or Corporate ID):

Password:

The Georgia WIC Food Pricing Survey is Closed.

Vendor Contact Number: 404-657-2900 or 866-814-5468

FOOD SALES SELF-REPORTING SENDSS

DEMO

<https://sendss.state.ga.us/wicpricing>



Georgia Division of Public Health
WIC Food Pricing Survey

Please select a survey from the following:

Vendor Id	Store Name	Monthly Food Sales	Finalized Y/N?
FOODS #1		Needed Apr, May, and Jun 2014	N
FOODS #10		Needed Apr, May, and Jun 2014	N
FOODS #11		Needed Apr, May, and Jun 2014	N
FOODS #16		Needed Apr, May, and Jun 2014	N
FOODS #17		Needed Apr, May, and Jun 2014	N
FOODS #18		Needed Apr, May, and Jun 2014	N
FOODS #19		Needed Apr, May, and Jun 2014	N
FOODS #2		Needed Apr, May, and Jun 2014	N
FOODS #3		Needed Apr, May, and Jun 2014	N

Select [Needed](#) link to open the Monthly Food Sales Screen

Georgia WIC Approved Foods Pricing Survey

Vendor Information

Download Data

Failure to inform the Georgia WIC

Vendor Number:

***Full Legal Name of Store:**

Full Legal Name of Corporation: (if applicable)

***Physical Address:**

***Mailing Address:**

***Square Footage of Store (not including parking lot):**

Phone:

Email:

GA Dept. of Agriculture ID:

Federal ID Number:

Owners Name(s):

Is this store incorporated? Yes ☐ No ☐

***Vendor's Monthly Food Sales (DOR)**
Your self-reported figures below should match the figures reflected in your Georgia DOR ST-3 filing report.
*****Needed Monthly Food Sales:** May, Jun, Jul, and Aug 2014

***This Survey was Completed By:**

First Name: **Last Name:**

Title:

Phone: **Email:**

Please list additional email of key contact person who would like to receive periodic updates on WIC vendor issues. If you need more than one email, please enter the additional email addresses in the Comments section at the end of the survey.

***Designates a food category that has a minimum stock requirement. A price must be entered for each of the following categories: Juice, Cereal, Dried Legumes/Peas / Beans, Canned Legumes/Peas / Beans, Peanut Butter, Infant Cereal, fruits, vegetables, meats, Infant Formula (12.1 oz concentrate Gerber Good Start Gentle, 12.1 oz concentrate Gerber Good Start Soy, 12.7 oz powder Gerber Good Start Gentle, 12.9 oz powder Gerber Good Start Soy), Whole Milk and at least one of the following milks (skim, low-fat, reduced fat), Powder milk, Evaporated milk, Cheese, Eggs, Whole Grain Bread. Enter prices for all minimum stock items.**

Vendor's Monthly Food Sales

YrMth	Vendor	Gross Sales	Exempt	Non-Exempt	Eligible Food	Gasoline
<p>1. Enter all required fields. Incomplete information will not be saved.</p> <p>2a. Click the "Add" button to add sales figures for each month to above the green line.</p> <p>2b. Click the "Edit" button above the green line to make change and click the "Update" button move the data above the green line.</p> <p>3. Click the "Save Food Sales" button to save all sales information at once.</p> <p>Vendor ID: <input type="text"/> Year/Month: <input type="text"/> Total Sales (Gross): \$ <input type="text"/></p> <p>States Exempt(Non-Taxable Sales): \$ <input type="text"/> States Non-Exempt(Taxable Sales): \$ <input type="text"/></p> <p>Eligible Food Sales (including WIC/SNAP Sales): \$ <input type="text"/> Gasoline Sales(If Applicable): \$ <input type="text"/></p>						

PRIVACY ACT STATEMENT - The solicitation of the information requested for this shelf price survey is authorized by Title 7 of the Code of Federal Regulations, Part 246, Subpart E (7 CFR 246.12(g)(4)(i)(B)), which governs the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). This information will be used to routinely monitor authorized vendors for compliance with Georgia WIC Program's policies and rules; for audit and enforcement of WIC Program regulations, policies and rules; and for program management. Failure to provide this information or the providing of false information may result in the termination of authorized vendors from the WIC Program.

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

By pressing "SAVE", I hereby certify that all of the information that I have provided in this shelf price survey is true and accurate. As provided under Georgia law, O.C.G.A. 7-10-12-1 et. seq., I understand and acknowledge that an electronic signature will have the same legal effect and validity as a written signature.

Add **Cancel** **Save Food Sales** **Close Window**

<https://sendss.state.ga.us/icpricing>

FOOD SALES SELF-REPORTING SENDSS DEMO

- The electronic form has includes the exact same fields as the paper form.
- Simply key in the information that correlates to the information you would have provided in the form GWV-1.

Georgia WIC Vendor's Food Sales Report (GWVF-1)

Vendor Name	Vendor Number

Please provide the Requested Information and Documents for EACH appropriate month.

Note: Your self-reported figures on this form should match the figures reflected in your Georgia DOR ST-3 filing report.

Month & Year	Total Sales	Total State Exempt	Total State Non-Exempt	Total Eligible Food Sales Including WIC/SNAP Sales	Total Gasoline Sales
	Gross Sales	Non-Taxable Sales	Taxable Sales		If Applicable

Signature of Store Authorized Representative

Date of Signature

Georgia Department of Public Health | We Protect Lives.



Georgia Department of Public Health
Women, Infants, and Children (WIC)



Vendor's Monthly Food Sales

Monthly Vendor's Food Sales

YrMth	Vendor	Gross Sales	Exempt	Non-Exempt	Eligible Food	Gasoline
1. Enter all required fields. Incomplete information will not be saved. 2a. Click the "Add" button to add sales figures for each month to above the green line. 2b. Click the "Edit" button to make change and click the "Update" button move the data above the green line. 3. Click the "Save Food Sales" button to save all sales information at once.						
Vendor ID:	0160	Year/Month:	yyymm	Total Sales (Gross):	\$	
States Exempt(Non-Taxable Sales):	\$	States Non-Exempt(Taxable Sales):	\$			
Eligible Food Sales (including WIC/SNAP Sales):	\$	Gasoline Sales(If Applicable):	\$			

PRIVACY ACT STATEMENT - The solicitation of the information requested for this shelf price survey is authorized by Title 7 of the Code of Federal Regulations, Part 246, Subpart E (7 CFR ? 246.12(g)(4)(i)(B)), which governs the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program). This information will be used to routinely monitor authorized vendors for compliance with Georgia WIC Program policies and rules; for audit and enforcement of WIC Program regulations, policies and rules; and for program improvement. The use of this information for any other purpose without the written consent of the Georgia Department of Public Health is prohibited. Any use of false information may result in the termination of authorization to participate in the WIC Program.

CERTIFICATION AND SIGNATURE OF OWNER OR AUTHORIZED REPRESENTATIVE

By pressing "SAVE", I hereby certify that all of the information that I have provided in this shelf price survey is true and accurate. As provided under Georgia law, O.C.G.A. ? 10-12-1 et. seq., I understand and acknowledge that an electronic signature will have the same legal effect and validity as a written signature.

Add Cancel Save Food Sales Close Window

*Vendor's Monthly Food Sales(DOR ST-3):

Your self-reported figures on below should match the figures reflected in your Georgia DOR ST-3 filing report.

Month/Year	*Total Sales (Gross)	*Total State Exempt (Non-Taxable Sales)	*Total State Non-Exempt (Taxable Sales)	*Total Eligible Food Sales(Including WIC/SNAP Sales)	*Total Gasoline Sales (If Applicable)
Jun. 2014	\$	\$	\$	\$	\$
Jul. 2014	\$	\$	\$	\$	\$
Aug. 2014	\$	\$	\$	\$	\$

**Non-Corporate
Vendors**

FOOD SALES SELF-REPORTING SENDSS

DEMO

<https://sendss.state.ga.us/wicpricing>

- Complete all fields. Once all fields are complete and submitted, the system will notify the user if the form is incomplete.

Georgia WIC Approved Foods Price List

Vendor Information

[Download Detailed Instructions PDF \(394k\)](#) [Download Georgia Wic Approved Food List PDF \(211k\)](#)

Failure to inform the Georgia WIC Program of any change in vendor information could result in the application of a sanction.

Vendor Number:

*Full Legal Name of Store:

Full Legal Name of Corporation: (if applicable)

*Physical Address:

*Mailing Address:

*Square Footage of Store (not including storage area and administrative space):

Phone:

Email:

GA Dept. of Agriculture ID:

Federal ID Number:

SNAP Number:

Store Manager Name:

Owners Name(s):

Is this store Incorporated?

*Vendor's Monthly Food Sales(DOR ST-3):

Your self-reported figures on below should match the figures reflected in your Georgia DOR ST-3 filing report.

Month/Year	*Total Sales (Gross)	*Total State Exempt (Non-Taxable Sales)	*Total State Non-Exempt (Taxable Sales)	*Total Eligible Food Sales(Including WIC/SNAP Sales)	*Total Gasoline Sales (If Applicable)
Jun. 2014					
Jul. 2014					
Aug. 2014					

*This Survey was Completed By:

First Name

Title

Phone:

Last Name:

Email:

Please list additional email of key contact person who would like to receive periodic updates on WIC vendor

Questionnaire **Incomplete**

You may **not** finalize this survey at this time for the following reason(s):

- You must supply your store's Food Sales from Jun. 2014 to Aug. 2014
- You must supply a first name, last name, title, email, and phone number for the person completing this survey.
- You must enter a price for *Whole Milk and at least one price of the following milks *(skim, low-fat, reduced fat) before you can finalize this response
- You must enter a price for *Powder Milk - 3 quarts or * Evaporated Milk - 12oz before you can finalize this response
- A price for either the 16 oz Block, Sliced or String Cheese Must be entered before you can finalize this response

You may [click here](#) to return to this response, then click EDIT to make changes or you may login at another time and complete the required pricing.

Thank you for taking part in the WIC pricing survey, please [Click Here](#) to fill in a short questionnaire about your experience using this tool.

REMINDERS

- **Each** WIC-authorized store must be assessed to ensure an accurate assessment of sales data.
- All ST-3 documentation must have a confirmation number that verifies that the forms were retrieved from the Georgia Department of Revenue.

CONTACT INFORMATION

**Georgia WIC
Office of Vendor Management:**
(404)657-2900

Customer Service Hotline:
1 (866)814-5468 (toll free within
Georgia)